Out-of-Home Care (OOHC) and Homelessness in Victoria

BRIDGE IT'S RESPONSE TO THE FEDERAL GOVERNMENT'S DISCUSSION PAPER FOR THE 10-YEAR NATIONAL HOUSING AND HOMELESSNESS PLAN

BRIDGE IT
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Acknowledgement of Country

Bridge It proudly acknowledges the people of the Yalukut Willam Clan of the South-East Kulin Nations, the Traditional Owners of the land on which we meet, work, and play. We pay our respects to Elders, past and present, and recognise that Australia always was and always will be Aboriginal Land. Bridge It values diversity and is committed to providing inclusive support.

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A Brief Overview of Bridge It and Our Cocoon Program

Our Mission

To end youth homelessness by providing homes, community and support so young people can lead independent lives.

Bridge It's Values

We believe…

Community is critical. To thrive, we need others as humans crave connection and belonging. Bridge It creates community.

People are the experts in their own lives. People know how they feel and what they've been through and are the ones who can say what they need. We trust them, provide flexible support, and go on their journey with them.

Home is a human need. Everyone needs a safe space that offers stability and serenity; without it, we can't thrive in other areas of our life.

Everyone has worth and value. We support and motivate residents to reach their goals by focusing on what they can do instead of what they can't.

The Cocoon Program

Through the Cocoon Program, Bridge It – a not-for-profit charity that formed in 2021 – creates supported, high-quality, safe, and affordable housing opportunities for young people aged 17-25, who are transitioning out of the out-of-home care system and into independent adult life. As an organisation, Bridge It is committed to addressing the need for change in the way leaving out-of-home-care support is provided in order to end the high rates of homelessness and the other poor outcomes that young people leaving the out-of-home-care system continue to experience (Mendes & McCurdy, 2020).

Through Bridge It's partnerships with HousingFirst – a community housing provider – and other organisations committed to ending homelessness, our Cocoon program provides high-quality housing that is affordable, safe, and also beautiful and homely to our residents. This is a core element of Bridge It's programs, as we believe that

people need a 'home' that provides stability and serenity and not just 'housing' in order to truly have the opportunity to heal and thrive in other areas of their lives.

The Cocoon program offers a range of services onsite.
- Our skilled team provides one-on-one case management support.
- Peer mentoring from a Lived Experience worker.
- Supported referral opportunities to employment and education pathways.
- Wellbeing activities, including walking groups and access to the PCYC gym.
- Community-building activities, including shared meals and birthday celebrations.
- Life and living skills groups, such as learning to cook.

The support that we provide is client-centred, strength-based, and tailored to the individual; Bridge It fundamentally believes that the people we support are the experts in their own lives. Additionally, Bridge It believes creating community is a critical element in supporting young people and, subsequently, we run a groups program with the input of our residents and lived experience Peer Support Worker, Sam.

Half of our team has lived experience of mental health conditions, neurodiversity, or the criminal justice system. We continue to adapt our model of support through engagement with our residents, with co-design and feedback processes being essential elements in ensuring that we are accountable and meet the needs of the people we support.

Outcomes for The Cocoon Program's Pilot Year

Bridge It's Cocoon program recently concluded its first successful pilot year, during which the program provided accommodation and support to seven young people at our St Kilda site. An external evaluation undertaken by Social Ventures Australia focused on documenting the program model, evaluating the short-medium term outcomes, capturing key lessons, and understanding the program's cost.

The evaluation reported the following key findings in relation to The Cocoon program:
- The Cocoon Program is achieving its intended short- and medium-term outcomes.
- Residents have access to a stable home, are developing life skills, learning about healthy relationships, stabilising their mental health, entering work or study, and working towards life goals.

- 9 young people found a home and community at The Cocoon in its first year of operation.
- 4 people commenced work for the first time.
- 3/3 residents who engaged in high-risk AOD use have reduced their usage, 4 re-engaged in education, 1 has continued existing education 8/9 of those experiencing mental health challenges are feeling a little or a lot better.
- All of those who exited The Cocoon are living in housing options of their choice.

Messages from Young People we have Supported

"It wasn't long before I realised that in residential care, you come out more damaged than you went in. It's long-term effect on me has been anxiety, I was in residential care three years ago and that anxiety has never left me.

I think the system is so totally broken and needs to be completely changed to keep children like me safe. The Cocoon is a good pathway to rectify this issue and help set people on a good pathway for their future.

In the last 12 months, I have gained employment, I started courses in ▮▮▮▮▮ and ▮▮▮▮▮▮▮ and I have developed friendships that are possibly lifelong with people who understand and support me."

"The Child Protection system doesn't protect children, it further traumatises them. The case managers have so much work that they don't have time to keep children safe. I feel like there needs to be more funding and housing available for people affected by family violence and more government funding towards child protection so that they would have more capacity to support families like mine.

The Cocoon is place where you can remake your own friends and family. Living at the Cocoon has allowed me to focus on my mental health without being judged and to live and work at my own pace.

There is no judgment or unhealthy expectations from the community. I really love the openness and kindness of the community and I love getting together for cooking groups.

I am more hopeful for the future, I'm doing a traineeship as a ▓▓▓▓▓ and I am looking forward to studying ▓▓▓▓▓▓▓ to support lots of people in the future."

"I was continually passed through different foster care homes and never felt loved. I'm mature for my age because I had to grow up quickly. When I was 16, I was put into accommodation that is called "lead tenant" which is rental property where I was supposed to be living with an adult, but he was never there. I had the house broken into and everything stolen, it was so scary.

Now I am living at ▓▓▓▓▓▓▓▓▓▓▓▓, and I am completing my ▓▓▓▓▓▓▓▓▓. I have also recently finished a ▓▓▓▓▓ course and I have been offered a job. I'm currently learning how to drive. I feel safe and supported and like I have a real home.

The Cocoon has offered me a safe and cosy space to be able to let my walls down and enjoy doing the little things in life. I have grown so much as a person in the past few months and having a little support group by my side."

The Cocoon Program Expansion

After securing a long-term lease donation of a second building site in Sandringham, Bridge It is currently working to finalise approximately $2 million dollars in additional pro-bono building, consulting, and other resources. These resources will enable Bridge It to expand its current St Kilda site and renovate the new Sandringham location, subsequently allowing for The Cocoon program to provide accommodation and support for up to twenty-eight young people leaving OOHC or homelessness at one time.

A Summary of Bridge It's Key Messages in Response to the Federal Government's Discussion Paper for the 10-Year National Housing and Homelessness Plan.

How can governments and community service providers reduce homelessness and/or support young people who have experienced the OOHC system and are at risk of becoming homeless?

- **Increase the amount of supported, affordable, high-quality, and long-term housing that is also suitable for the specific needs of young people leaving OOHC.**
    - The literature points to a need for longer-term quality accommodation, offering individually tailored supports in a therapeutic environment (Martin et. al., 2021, p. 67).
    - Providing high quality, affordable, and supported housing to young people is a key element in addressing the issues of homelessness and mental ill health for young people who have experienced the OOHC system.
    - It also suggests housing and support be provided in smaller groups and therapeutic settings – as accommodating large groups of people with complex support needs and inadequate support can lead to further traumatic experiences (O'Donnell et al., 2014, p. 39).
- **Create, fund, and expand housing and homelessness services that provide services tailored to the specific needs of young people who have experienced OOHC.**
    - Young people who have experienced the out-of-home-care system are less likely to seek support from services when experiencing housing stress or homelessness (Bender et al., 2018; Erangey et al., 2022). This is reportedly because they have developed an adaptive distrust of inflexible service systems that do not value their input and autonomy and are not set up to respond to their unique needs.
    - While there is a lack of academic literature on the subject of Peer Support and Co-Production relevant to the homelessness sector, some studies, as well as Bridge It's Cocoon Program, suggest that services incorporating Peer Support and Co-Production processes into their models are better placed to respond to the unique needs of young people who have experienced OOHC (Roper, Grey & Cadogan, 2018; Mollica et al. 2022).

A Literature Review of the Key Drivers of Homelessness for Young People Leaving OOHC in Victoria

Introduction

According to the Australian Census data from 2021 (Australian Housing and Urban Research Institute, 2023), young people aged between 12-24 years old are more likely to experience homelessness than any other age group, constituting 23 per cent of people experiencing homelessness in Australia. With homelessness being defined as sleeping rough, temporary accommodation, couch surfing, crisis accommodation, as well as boarding houses and cheap motels (Clare, Anderson, Bodenham, & Clare, 2017, p. 10). For the approximately 46,212 young people who are part of the out-of-home care (OOHC) system in Australia, the problem of homelessness is even more severe due to the unique challenges and vulnerabilities faced by this cohort (Australian Institute of Health and Welfare, 2022).

Bridge It has prepared a literature review that aims to delve deeper into the multifaceted issues contributing to homelessness among young people transitioning from the OOHC system in Australia. This review aims to examine key drivers, interrelated factors, and potential solutions to address the critical issue of homelessness for young people who have experienced OOHC. Specifically, it will explore the roles of employment, housing affordability, housing support services, mental health, community connectedness, and the adequacy of support services in shaping the housing outcomes of care leavers.

By analysing key literature, this review aims to inform future policies and interventions that can better facilitate a seamless transition from care to independent living and address the drivers of homelessness for the OOHC cohort in Victoria, Australia.

Relevant Ethical Considerations

Australia is party to various international human rights treaties such as the Covenant on Civil and Political Rights (1966), The International Covenant on Economic, Social and Cultural Rights (1966), and the Convention on the Rights of the Child (1989). As a result, it has both a legal and moral obligation to uphold the rights of individuals who are experiencing homelessness (Australian Human Rights Commission, 2008). These treaties outline the right to adequate housing, personal safety, and access to healthcare, among other rights, all of which are in direct conflict with the experience of homelessness (Australian Human Rights Commission, 2008).

Bridge It believes it is ethically pertinent that services prioritise recognising and respecting the inherent dignity, worth, and rights of all individuals and groups to practice within a social justice and human rights framework. This literature review aims to uphold these ethical obligations by promoting an understanding of systemic barriers and inequalities that exist in society for the OOHC cohort, in order to develop strategies to challenge and dismantle them to promote equitable opportunities and outcomes for the OOHC cohort.

Background: Out-of-home Care and Homelessness

Research conducted by Collins & Augsberger (2021), Martin et al. (2021), and Strahl et al. (2020), shows that young people leaving out-of-home care (OOHC) have much higher rates of homelessness, criminal justice system engagement, and welfare service usage than non-care leavers (Martin et al., 2021, p. 29). Martin et al. (2021, p. 33, 35) reported that out of 1,848 care leavers surveyed, more than half experienced homelessness within four years of leaving care (Martin et al., 2021, p. 3). Moreover, a survey conducted in 2015 of 298 care leavers found that 63 per cent had experienced homelessness (Martin et al., 2021, p. 11). Importantly, even when care leavers obtained accommodation, research indicates it was often transitory or unstable, with one study reporting an average of five different living arrangements per year as reported by a sample of 202 care leavers in a survey conducted in 2018 (Muir & Hand, 2018, p. 4; Martin et al., 2021, p. 11).

To further describe the OOHC system, Victoria offers four primary types of OOHC models: foster care, kinship care, residential care, and lead tenant arrangements. These models involve placing children or young people in settings outside of their family of origin after state intervention due to abuse, neglect, or other reasons (Monson, Moeller-Saxone, Humphreys, Harvey, & Herrman, 2020, p. 1026-1027). At age 18, most care leavers must exit these OOHC models, and – in Victoria – are subsequently provided with support to do so through programs such as Better Futures. At age 21, this support ceases, and OOHC leavers are no longer eligible for support through Better Futures.

Drivers and Interrelated Factors of Homelessness in the OOHC Population

Employment and Affordability

Care leavers often face difficulties in finding and maintaining employment, which forces them to rely on inadequate income support payments for long periods of time (Martin et al., 2020, p. 11). Lack of or difficulty sustaining employment, in turn,

reduces housing options and affordability. For example, according to research conducted by Mendes et al. (2020), young people leaving (OOHC) struggle to secure employment due to various factors such as transience and insecure housing, physical and mental health issues, and the need to develop independent living skills. Martin et al. (2021) (p.11) reported that 60% of 1,848 care leavers surveyed were unemployed and dependent on Centrelink payments, specifically Centrelink Youth Allowance payments, which are currently $390 below the poverty line per week (Davidson, Bradbury & Wong, 2023, p.12).

Lack of Affordable and Adequate Housing Options, and Housing Support Services

Young people who leave the OOHC system face a challenging housing landscape, which has been identified as a significant contributor to the poor housing outcomes for care leavers in existing literature (Martin et al., 2021, p. 12; Mendes et al., 2020; Turnbull et al., 2021, p. 13). Australia has allowed its public and community housing stock to decrease by half over the last 30 years, despite rising rents and increasing demand for affordable housing (Pawson & Lilley, 2022). For instance, in Victoria, the waiting list for affordable public and community housing increased by 45 per cent between June 2018 and June 2022 (Kolovos, 2023). Additionally, a snapshot of affordability in March 2022 revealed that out of 45,992 listings nationwide, only one private apartment was affordable for young people receiving Centrelink Youth Allowance payments (Anglicare, 2022). Additionally, Victorian housing support services are unable to meet the demand for housing support. For example, between 2020-2021, Victorian housing services turned away 133 people each day and were only able to assist 38 per cent of people seeking housing support (Council to Homeless Persons, 2022).

Lack of Adequate OOHC-Specific Housing Support Options

In Australia, there exist several service models that offer housing and support to the OOHC population. These models vary in their orientation, scope, and techniques. Few of them prioritise housing as a prerequisite for achieving stability and other favourable outcomes, a principle known as the Housing First approach (National Youth Commission Australia, 2020). Research findings from abroad support the Housing First model's effectiveness (National Youth Commission Australia, 2020).

Research has also identified conditions likely to lead to successful housing outcomes for the OOHC cohort. It points to a need for longer-term quality accommodation, offering individually tailored support in a therapeutic environment (Martin et. al., 2021, p. 67). It suggests support and accommodation should be provided in smaller groups – as accommodating large groups of people with complex support needs

and inadequate support can lead to further traumatic experiences (O'Donnell et al., 2014, p. 39). There are a handful of models servicing this need in Australia that adopt these features and have had promising evaluations, including *Youth Foyers* and Uniting's *Extended Care Pilot Program*, but they vary in their scale and approach and are relatively new (Brotherhood of St Laurence, 2019; Uniting, 2022). Academic literature continues to report an overwhelming lack of adequate, affordable, and supported accommodation options for young people exiting from OOHC, however (Martin et. al., 2021, p. 67).

Mental Health as a Driver for and Result of Homelessness for the OOHC Population

In the context of Victoria, Australia, there were 603 clients of Specialist Homelessness Service (SHS) per 100,000 population in the year 2018-19, who were struggling with current mental health issues (Chikwava, O'Donnell, Ferrante, Pakpahan, and Cordier, 2022, p. 4). This rate is noticeably higher than the national rate of 393 SHS clients per 100,000 population in the rest of Australia, as reported in (Chikwava, O'Donnell, Ferrante, Pakpahan, and Cordier, 2022, p. 4). More specifically for young people, mental health issues of up to 75% have been reported - when including alcohol and drug use disorders - in previous studies among young people experiencing homelessness (Chikwava, O'Donnell, Ferrante, Pakpahan, and Cordier, 2022, p. 4).

Adverse childhood experiences, such as exposure to abuse or neglect from a parent or caregiver, exposure to family violence, familial substance use and/or mental illness, parental separation or divorce, and parental incarceration, have been identified as risk factors for future mental illness (Mendes & Chaffey, 2023, p. 4). These factors are also those that commonly lead to young people entering the OOHC system, a system in which children and youth commonly experience placement instability, varied quality of supports, and exposure to further abuse by caregivers or other adults (Mendes & Chaffey, 2023, p. 4).

Research confirms a link between mental health and experiencing the OOHC system, with studies demonstrating that children in OOHC experience higher rates of mental health issues, such as depression and anxiety, compared to those who grow up in stable homes (Monson et al., 2020, p. 1027). Longitudinal data supports these findings, with a study of 669 adults who received care as children between 1930 and 1989 finding over 70% had undergone mental health treatment in the past, 65% reporting having experienced suicidal ideation, and 39% having attempted suicide (Mendes & Chaffey, 2023, p. 8).

Findings from the United States echo this information, with adolescents in equivalent OOHC systems found to be four times more likely to attempt suicide than their non

OOHC counterparts (Katz, Busby, & McCabe, 2020, p. 612). Out of the 19,430 participants in this study, more than a quarter reported experiencing suicidal ideation. Additionally, 15.3% of the participants had attempted suicide in the past year (Katz, Busby, & McCabe, 2020, p. 612).

Furthermore, young people in Australia leaving OOHC have usually experienced transience or unstable housing arrangements prior to commencing their transition out of the OOHC sector, with many young people experiencing numerous types of OOHC models and several placements. In Victoria, one-third of the children who were placed in OOHC settings had experienced 10 placements (in either foster, residential or other OOHC settings; Ainsworth & Hansen, 2015). In Queensland, the median number of placements (in foster care or other settings) for young people before being placed in a residential care facility was found to be four per child (Ainsworth & Hansen, 2015). Findings have indicated that placement quality and stability assist in developing and sustaining good mental health for the OOHC population (Monson et al., 2020, p. 1033; Mendes & Chaffey, 2023, p. 8-9). Subsequently, instability and transience are here described as drivers for poorer mental health outcomes in the OOHC population.

Furthermore, accessing healthcare can be challenging for individuals in OOHC, due to various obstacles such as obtaining authorisation and consent, understanding their medical history, scheduling timely appointments, and covering the costs of services (McLean, Clarke, Scott, Hiscock, & Goldfeld, 2020, p. 8; McLean et al., 2022). Unfortunately, there are only limited funded initiatives that aim to support the most vulnerable groups, including those in the child protection system (Mendes & Chaffey, 2023, p. 4).

Subsequently, childhood trauma, housing instability, and homelessness are here identified as drivers for experiencing mental health issues. In addition to this, experiencing mental health issues can be seen in and of itself as a driver of homelessness for young people. For example, a study conducted in the United States found that out of a sample of 919 people, mental health issues were found to be a significant cause of youth-onset homelessness (Iwundu et al., 2020, p. 1). Subsequently, mental health can be seen as a critical issue impacting the poor housing outcomes for young people leaving the OOHC system. Providing high quality, affordable, and supported housing to young people is, therefore, a key element in addressing the issues of homelessness and mental ill health for young people who have experienced the OOHC system.

Lack of Community and Connectedness

Research has identified several factors that can be protective against future mental ill-health, such as family, community, and social support (Mendes & Chaffey, 2023, p. 4). However, these factors are often limited or inaccessible to the OOHC population (Mendes & Chaffey, 2023, p. 4; Rapee et al., 2019, p. 10). A study that thematically analysed interviews with 14 young people leaving OOHC (Monson et al., 2020) reported that participants who grew up in OOHC reported feeling stigmatised and that this was experienced as a barrier to accessing mental health support and creating community and connections (p. 1032). Young people in this study also reported that being part of community groups was beneficial as it helped them to feel accepted, develop their identity, and achieve their goals (Monson et al., 2020, p. 1032). While social belonging and connectedness are generally considered to be predictors of health and well-being for the general population (Ottmann et al., 2006, p. 44; Bower, Conroy, & Perz, 2018, p. 242), they are particularly important for young people who have experienced OOHC who are less likely to experience the benefits of community connectedness. Community connectedness has been described as an essential pathway to resilience in other relevant literature (Monson et al., 2020, p. 1032; Mendes, Johnson, & Moslehuddin, 2012, p. 357).

Inadequate Youth-Specific Services

As they transition out of the OOHC system, care leavers have, therefore, also experienced the child protection system in which, historically and culturally, children have been viewed as vulnerable and unable to define or contribute to their own well-being or safety (Powell, Anderson & Thomas, 2020, p. 1162). This responsibility is usually placed on parents or authority figures (Powell, Anderson & Thomas, 2020, p. 1162).

It is increasingly acknowledged that policies need to prioritise and centre the voices of children and young people. Critical social work literature highlights the importance of recognising children and young people as rights bearers (Powell, Anderson & Thomas, 2020, p. 1162). It is crucial to consider their agency in decisions that affect their safety, taking into account their age, circumstances, abilities, and experiences (Powell, Anderson & Thomas, 2020, p. 1162).

According to research conducted by Bender et al. (2018, p. 150) and Erangey et al. (2022, p. 1936), young individuals who have left the OOHC system are less likely to seek support from services when experiencing housing stress or homelessness. This is reportedly because they have developed an adaptive distrust of inflexible service systems that do not value their input and autonomy (Bender et al., 2018, p. 150; Erangey et al., 2022, p. 1936). Subsequently, support services that fail to respond to

the unique needs of young people and their reasons for not accessing services are, therefore, ill-equipped to provide support and assist young people to avoid or exit homelessness.

According to Bender et al. (2018, p. 160), findings suggest that homelessness support services wanting to better engage and provide support to young people must deliver flexible support that leaves young people feeling understood, respected, validated, and that their individual needs will be listened to and acted upon.

Co-production within support services may also be instrumental in efforts to better support young people's needs and ensure that they can participate in shaping the services on which they rely (Roper, Grey & Cadogan, 2018). By engaging young people in the co-production process, support services can be reshaped to better meet their needs.

In existing literature, peer support has been found to make a significant difference in ensuring that homeless youth feel respected and understood by service providers (Mollica et al., 2022, p. 2563). Peer support specialists have been found to encourage self-directed growth and offer hope to young people, which can be especially important for individuals who have experienced trauma (Mollica et al., 2022, p. 2564). Furthermore, unlike traditional support service approaches, peer support does not merely work towards program-directed outcomes that may not align with young people's needs or preferences (Mollica et al., 2022).

Conclusion

In conclusion, addressing the complex issue of homelessness for the OOHC cohort requires a comprehensive approach considering employment, housing quality, affordability, support service delivery methods and approaches, mental health support, community integration, and the involvement of care leavers in co-producing solutions. Policymakers, service providers, and communities must collaborate to develop and implement targeted interventions that prioritise the unique needs of this disadvantaged population. By addressing these challenges, Australia can work towards providing a smoother transition from care to independent living for the OOHC cohort, ultimately reducing the high prevalence of homelessness for this group.

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